MULTIPLE DEPENDENT CLAIM FEE CALCULATION SHEET (FOR USE WITH FORM PTO-875)

SERIAL NO. 09/936450

FILING DATE

CLAIMS

	ASI	FILED	AFTER		AFTER	
-	IND. DEP:		1st AMENDMENT		2nd AMENDMENT	
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TOTAL CLAIMS				7.77.		

* MAY BE USED FOR ADDITIONAL CLAIMS OR ADMENDMENTS

Barbara Campball National Stage Processing (703) 305-3831

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